

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>A NEW VOICE FOR MARYLAND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00587659       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Digital Turf LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 20 / 2016</b>	
Mailing Address <b>27 Clear Brook Crossing</b>		Amount <div style="border: 1px solid black; padding: 2px;">8362.20</div>	
City <b>Kennebunk</b>	State <b>ME</b>	Zip Code <b>04043</b>	<b>Transaction ID : SE.4166</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 19 / 2016</b>
Purpose of Expenditure <b>Advertising</b>		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate <b>Joel M Rubin</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">48010.66</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">8362.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">8362.20</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Barak Hoffman*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**04 / 20 / 2016**

Signature